

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674407

1. Entity Name

COLLIER, HAGIN, NEWTON, PHILLIPS & HORNBY, P.A.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90177 024 ***150.00

Principal Place of Business

Mailing Address

550 NE 25TH AVE
OCALA FL 34470
US

550 NE 25TH AVE
OCALA FL 34470-7035
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2005746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNETT, JOHN W
101 S.W. THIRD STREET
OCALA, FL
OCALA FL 32670

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	COLLIER, DARYL L	3131 FT KING ST							
			OCALA FL							
	VD	HORNBY, LORI	4405 SE 14TH STREET							
			OCALA FL							
	VD	HAGIN, DENNIS	1980 SE 54TH TERRACE							
			OCALA FL							
	TD	NEWTON, ELBERT H.	1543 S.E 13TH ST	<input checked="" type="checkbox"/>						
			OCALA FL							
	SD	PHILLIPS, LENORE LORD	5145 NE 7TH PLACE	<input checked="" type="checkbox"/>						
			OCALA FL							
				<input type="checkbox"/>						

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/93)